

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND   |                                   |   |                 |                |
|---|-----------------------------------|---|-----------------|----------------|
| 1 Date of Request: <u>11/4/02</u>   |                                   | 2 Serial/Patent # <u>09/258132</u>  |                 |                |
| 3 Please refund the following fee(s):   |                                   | 4 PAPER NUMBER  | 5 DATE FILED    | 6 AMOUNT       |
|   | Filing                            |   |                 | \$             |
|   | Amendment                         |   |                 | \$             |
|   | Extension of Time                 |   |                 | \$             |
|   | Notice of Appeal/Appeal           |   |                 | \$             |
| <u>122</u>  | Petition                          | <u>22</u>   | <u>10/11/02</u> | <u>\$ 130-</u> |
|   | Issue                             |   |                 | \$             |
|   | Cert of Correction/Terminal Disc. |   |                 | \$             |
|   | Maintenance                       |   |                 | \$             |
|   | Assignment                        |   |                 | \$             |
|   | Other                             |   |                 | \$             |
| 10 REASON:  |                                   | 7 TOTAL AMOUNT OF REFUND  |                 | \$             |
|   |                                   | 8 TO BE REFUNDED BY:  |                 |                |
|   |                                   | Treasury Check  |                 |                |
|   |                                   | <input checked="" type="checkbox"/> Credit Deposit A/C #: <u>11--0171</u> |                 |                |
| Overpayment<br>Duplicate Payment<br>No Fee Due (Explanation): <u>DUE TO PTO ERROR</u> |                                   |   |                 |                |
| 11 REFUND REQUESTED BY:   |                                   |   |                 |                |
| TYPED/PRINTED NAME: <u>D WOOD</u>   |                                   | TITLE: <u>3046914</u>   |                 |                |
| SIGNATURE: <u>OP</u>  |                                   | PHONE: <u>304 1111</u>  |                 |                |
| OFFICE: <u>PET 4111</u>   |                                   |   |                 |                |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****                                 |                                   |   |                 |                |
| APPROVED: <u>Alana Kelly</u>  |                                   | DATE: <u>11/5/02</u>  |                 |                |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B